

“WHAT WORKS” IN CHEMICAL DEPENDENCY

WASHINGTON STATE INSTITUTE FOR PUBLIC POLICY

Marna Miller

Adult
Behavioral
Health Task
Force

June 13, 2014

Legislative direction, 2SSB 5732 (2013 session)

- By May 15, 2014:
 - ✓ Prepare an inventory of evidence-based, research-based, and promising practices for prevention and intervention services.
 - ✓ Consult with the DSHS, the University of Washington Evidence-Based Practice Institute, the University of Washington alcohol and drug abuse institute, and the Washington institute for mental health research and training.
- By August 1, 2014, DSHS must use the inventory to develop a behavioral health improvement strategy and report the strategy to the governor and legislature.

Our Approach:

As we have done in other policy areas:

- **Systematic review** of all available studies on a topic
- **Meta-analysis** to determine the average effect of the program on outcomes of legislative interest
- **Benefit-cost analysis** to determine whether lifetime benefits exceed the program cost
- **Classify programs** as evidence-based, research-based, or promising on the definitions in SSSB 5732

Definitions in SSSB 5732:

Evidence-based practice

A program or practice that has been tested in heterogeneous or intended populations with multiple randomized, or statistically controlled evaluations, or both; or one large multiple site randomized, or statistically controlled evaluation, or both, where the weight of the evidence from a systemic review demonstrates sustained improvements in at least one outcome. "Evidence-based" also means a program or practice that can be implemented with a set of procedures to allow successful replication in Washington and, when possible, is determined to be cost-beneficial.

Research-based practice

A program or practice that has been tested with a single randomized, or statistically controlled evaluation, or both, demonstrating sustained desirable outcomes; or where the weight of the evidence from a systemic review supports sustained outcomes as described in subsection (14) of this section but does not meet the full criteria for evidence-based.

Promising practice

A practice that, based on statistical analyses or a well-established theory of change, shows potential for meeting the evidence-based or research-based criteria, which may include the use of a program that is evidence-based for outcomes other than those listed in subsection (14) of this section (defining "evidence-based".)

The Inventory:

Program/Intervention	Manual	Level of Evidence	Cost-beneficial	Reason Program Does Not Meet Evidence-Based Criteria	Percent Minority
<u>Early intervention (at-risk drinking and substance use)</u>					
Brief Alcohol Screening and Intervention for College Students (BASICS): A Harm Reduction Approach	Yes	⊙	Yes (75%)	Heterogeneity	15%
Brief Intervention in primary care	Yes	●	Yes (94%)		24%
Brief Intervention in emergency department	Yes	●	Yes (78%)		79%
Brief Intervention in medical hospital	Yes	⊙	No (73%)	Benefit-cost	54%
<u>Treatments for substance abuse or dependence</u>					
12-Step Facilitation Therapy	Yes	⊙	No (63%)	Benefit-cost	48%
Anger Management for Substance Abuse and Mental Health Clients: Cognitive-Behavioral Therapy	Yes	P	N/A	Research on outcomes of interest not yet available	N/A

Key:

- Evidence-based
- ⊙ Research-based
- ⊖ Produces null or poor outcomes
- P Promising

Example: a treatment that works & is cost-beneficial

Methadone maintenance therapy (10 studies):

- Synthetic opioid that blocks the effects of opiates, reduces withdrawal symptoms, and relieves cravings.
- Dispensed in outpatient treatment clinics

Primary outcome from the studies

- Reduces opioid use -- while client is in treatment

Benefit-cost findings:

- Benefit-cost ratio: \$3.50 of benefits per dollar of cost.
- We estimate the benefits exceed the costs 99% of the time

Classification:

- Evidence-based

Example: a program that is not cost-beneficial

Primary care in behavioral health settings (11 Studies):

- Co-location of primary care in mental health and substance abuse treatment centers

Outcomes from the study:

- Small increase in primary care visits
- Non-significant reductions in emergency room, hospitalization, blood sugar, blood pressure, cholesterol

Benefit-cost findings:

- Benefit-cost ratio: \$1.22 of benefits per dollar of cost.
- We estimate the program will break even 50% of the time

Classification:

- Research-based (not evidence-based)

THANK YOU

Questions?

The inventory report is available at:

http://www.wsipp.wa.gov/ReportFile/1558/Wsipp_Inventory-of-Evidence-based-Research-based-and-Promising-Practices-Prevention-and-Intervention-Services-for-Adult-Behavioral-Health_Report.pdf